

Duplicative Services

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As specified in HFS 101.03(96m)(b)(6), Wis. Admin. Code, medically necessary services cannot duplicate other services being provided to the recipient. All providers are responsible for coordinating services to avoid duplicate billing. The following information assists providers in determining if services are duplicative.

Informal Support Systems

Wisconsin Medicaid supplements the personal care services provided by informal support systems, including other members of a recipient's household. Wisconsin Medicaid will not reimburse services furnished by the provider when family and other household members provide the medically necessary services without reimbursement. However, this informal participation is not a condition of coverage.

In assessing the recipient's needs for supplemental personal care, the provider is required to:

- Ask members of the household about the extent that they are willing and able to provide medically necessary covered services for the recipient and document the answers in the recipient's medical record.
- List the care family members can provide.
- Document if no member of the household can provide care. A Community Options Program (COP) assessment or narrative reflecting possible informal support systems meets this requirement.
- Indicate all care, formal and informal, on the Wisconsin Medicaid Home Care Assessment Form. Refer to Appendix 1 of the Prior Authorization section of this handbook for instructions on how to complete the Wisconsin Medicaid Home Care Assessment Form. Refer to Appendix 2 for the Wisconsin Medicaid Home Care Assessment Form.

Care in Group Settings

Recipients may reside in alternate group living settings, such as community-based residential facilities (CBRF), residential care apartment complexes (RCAC), adult family homes (AFH), etc. Any personal care service provided in a CBRF with more than 20 beds is not covered under the personal care benefit.

Alternate living facilities often provide some personal care as part of their contract with the recipient's county. This care often includes housekeeping, meal preparation, grocery shopping, and laundry.

Medically necessary personal care over and above that provided by the alternate living facility may be covered by Wisconsin Medicaid. Personal care providers are responsible for coordinating services to avoid duplication of those services the facility is required to provide under its licensure and contract with the county. Duplicative care will be monitored through audits.

Care provided in group settings is required to meet all Medicaid requirements, including registered nurse (RN) supervision.

Two Caregivers Providing Care for a Recipient at the Same Time

When it is medically necessary, Wisconsin Medicaid may reimburse a personal care worker (PCW) to assist an RN, licensed practical nurse, home health aide, or another PCW to provide care simultaneously to a recipient when a primary caregiver is not available. If two providers are caring for a recipient simultaneously, one provider must be a PCW.

The situations in which a PCW may assist are:

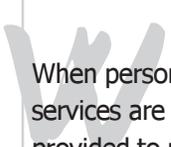
- Periodic changing of the entire tracheotomy tube.
- Periodic transfer or repositioning of a recipient when a two-person transfer is required because all other transfer devices have failed.

The RN supervisor is required to document on the plan of care the reason that two caregivers are required.

Personal Care to Multiple Recipients at a Single Location

When personal care services are provided to more than one recipient at a single location, providers are required to consolidate care for tasks such as cleaning, laundry, travel time, and meal preparation.

Refer to the Billing for Multiple Recipients at a Single Location portion of the Billing Section of this handbook for examples and more information.



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